



## Privacy Release Form

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE NUMBERS: Day: \_\_\_\_\_ Other: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Check Agency Involved:**

- ☐ **Social Security**
- ☐ **Veterans Administration:** Claim Number: \_\_\_\_\_ Branch of Service: \_\_\_\_\_
- ☐ **Immigration:** Alien Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_
- ☐ **IRS:** Tax Years: \_\_\_\_\_
- ☐ **Healthcare:** Insurance Provider: \_\_\_\_\_
- ☐ **Other** (please specify): \_\_\_\_\_

Please provide a brief summary explaining your problem/concern. You may also attach **copies** of any relevant documents which may expedite your inquiry (use additional paper if necessary).

In accordance with the Privacy Act of 1974, I \_\_\_\_\_, hereby authorize the office of Senator Blackburn to access any relevant information pertaining to my case/claim.

**This authorization is good until such a time as a final decision is made on my case and there is no further administrative appeal available to me.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_